

GRANT PROJECT STATISTICAL REPORT

Due October 18th, January 17th, April 18th, and July 18th

Three-Month Reporting Period:	_____	Grant #:	_____
Name and Address of Subgrantee:	_____		
_____	Telephone #:	()	
_____	Fax #:	()	
_____	_____		
Name of Person Completing Form:	_____	Signature:	_____

GROUPS		VISITATION	EXCHANGE	TOTAL
1.	Number of <u>New</u> Client Groups:	_____	_____	_____
2.	Number of <u>Returning</u> Client Groups:	_____	_____	_____
3.	Total Number of <u>New</u> and <u>Returning</u> Client Groups:	_____	_____	_____
4.	Number of <u>Continuing</u> Client Groups:	_____	_____	_____
INDIVIDUALS		VISITATION	EXCHANGE	TOTAL
5.	Number of <u>New</u> Individuals:	Adults _____	_____	_____
		Children _____	_____	_____
6.	Number of <u>Returning</u> Individuals:	Adults _____	_____	_____
		Children _____	_____	_____
7.	Total Number of <u>New</u> and <u>Returning</u> Individuals:	_____	_____	_____
8.	Number of <u>Continuing</u> Individuals:	Adults _____	_____	_____
		Children _____	_____	_____
9.	Total Number of Supervised Visitation Contacts:			_____
10.	Total Number of Supervised Exchange Contacts:			_____
11.	Number of <u>Returning</u> and <u>Continuing</u> Client Groups Formerly Receiving Visitation Services, but Now Receiving Exchange Services:			_____
12.	Number of <u>Returning</u> and <u>Continuing</u> Client Groups Formerly Receiving Exchange Services, but Now Receiving Visitation Services:			_____

New and Returning Individuals**13. Person Responsible for Bringing the Child(ren) to the Program:**

Guardian ad litem

CASA

Child Placement Agency

Other (specify)

TOTAL (all categories):**INDIVIDUALS****New and Returning Individuals****14. Race/Ethnicity:****Females****Males**

White/Caucasian

Black/African American

Native American

Spanish/Hispanic/Latino

Asian or Pacific Islander

Bi-Racial

Other (specify)

TOTAL:

+

=

New and Returning Individuals**15. Age:****Females****Males**

0 to 2

3 to 5

6 to 8

9 to 11

12 to 14

15 to 17

18 to 27

28 to 35

36 to 43

44 to 51

52 to 59

60 +

TOTAL:

+

=

New and Returning Individuals**16. Special Needs:****Adults****Children**

Physical

Mental Health

Non-US Citizen

Non-English Speaking

Other (specify)

TOTAL (all categories):**New and Returning Individuals****17. Sex of Adults:****Females****Males**

Residential

Non-Residential

TOTAL (all categories):**GROUPS****New and Returning Client Groups****18. Marital Status of Adult Client Groups:****Visitation****Exchange**

Never Married

Married

Separated

Divorced

Other (specify)

TOTAL (all categories):

New and Returning Client Groups			
19.	Source of Referral:		
	Courts	_____	
	Private Attorney	_____	
	Other Family Member(s)	_____	
	Domestic Violence Program	_____	
	Mental Health Professional	_____	
	Self-Referred	_____	
	Other (specify)	_____	
	TOTAL (all categories):		=====
New and Returning Client Groups			
20.	Reason for Referral:		
	Partner Abuse	_____	
	Child Physical Abuse	_____	
	Child Sexual Abuse	_____	
	Child Neglect	_____	
	Substance Abuse	_____	
	Mental Illness	_____	
	Flight Risk	_____	
	Family Re-integration	_____	
	Other (specify)	_____	
	TOTAL (all categories):		=====
New and Returning Client Groups			
21.	Frequency of Contacts:	Visitation	Exchange
	Monthly	_____	_____
	Bimonthly	_____	_____
	Weekly	_____	_____
	Biweekly	_____	_____
	More than twice a week	_____	_____
	TOTAL (all categories):		=====
New and Returning Client Groups			
22.	Paying for Services:	Visitation	Exchange
	No Payment	_____	_____
	Partial Payment	_____	_____
	Full Payment	_____	_____
	TOTAL (all categories):		=====
New and Returning Client Groups			
23.	Participation is:	Visitation	Exchange
	Voluntary	_____	_____
	Mandatory	_____	_____
	TOTAL (all categories):		=====

24. **Length of Time Client Groups Continue Participating in Service:**

(Cases closed in this quarter)

	Visitation	Exchange
1 to 2 months	_____	_____
3 to 5 months	_____	_____
6 to 9 months	_____	_____
10 months to 1 year	_____	_____
2 years	_____	_____
3 years	_____	_____
4 or more years	_____	_____

TOTAL (all categories):

=====

25. **Number of Client Groups Successfully Completing the Service:**

(Cases closed in this quarter)

Visitation	Exchange
_____	_____

=====

26. **Number of Terminations of Service:** (Cases closed in this quarter)

=====

27. **Referrals Made During This Reporting Period:**

Drug/Alcohol Treatment	_____
Private Attorney	_____
Domestic Violence Program	_____
Mental Health Professional	_____
Batterers' Treatment	_____
Other (specify)	_____

TOTAL (all categories):

=====

28. **Number of Client Groups Applying for Services or Referred to Your Program:**

Visitation	Exchange	TOTAL
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=====

29. **Number of Client Groups the Agency is Unable to Serve:**

Security Risk	_____
Inappropriate Referral	_____
Agency Has Reached Maximum Capacity	_____
Client's Financial Inability	_____
Other (specify)	_____

TOTAL (all categories):

=====

30. **Number of Security Related Incidents:**

(Please specify the nature of the incident)

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